

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90042 036 ***150.00

DOCUMENT # F01000006023

1. Entity Name
NEW CENTURY ESTATES, INC.

2. Principal Place of Business
888 Brickell Key Drive

3. Mailing Address
888 Brickell Key Drive

Suite, Apt. #, etc.

Unit 2808

City & State

Miami, FL 33131

Zip

County

4. FEI Number
Applied for

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Ruth Gonzalez

Street Address (P.O. Box Number is Not Acceptable)
888 Brickell Key Drive

Unit 2808

City
Miami,

FL

Zip Code
33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
(Signature typed or printed name of registered agent and fee is applicable.)

(NOTE: Registered Agent signature required when registering)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1 Fee is \$160.00
After May 1, Fee is \$650.00
Amended UBR is \$81.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

11.	Director Standard Nominee Limited Road Town, Tortola, BVI	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statute. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statute; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR

Date

Notary Public

CR2E034B (12/01)